

CITY OF  
LANSING

PART-YEAR RESIDENT TAX CALCULATION  
THIS SCHEDULE IS TO BE ATTACHED TO L-1040

SCHEDULE TC

Taxpayer's SSN

Spouse's social security #

Taxpayer's first name, initial and last name

If joint, spouse's first name, initial and last name

PART-YEAR RESIDENT		From	to
FORMER ADDRESS			
EXEMPTIONS		Total number of exemptions.	
INCOME		From federal return	Exclusions/Adjustments
		Resident income	Nonresident income
1. Wages, salaries, tips, etc.	1		
2. Taxable interest.	2		NOT TAXABLE
3. Ordinary dividends.	3		NOT TAXABLE
4. Taxable refunds, credits or offsets.	4		NOT TAXABLE
5. Alimony received.	5		
6. Business income. (Attach copy of federal Schedule C.)	6		
7. Capital gains or losses. (Attach copy of federal Schedule D.) <input type="checkbox"/> Federal Schedule D not required.	7		
8. Other gains or losses. (Attach copy of federal Form 4797.)	8		
9. Taxable IRA distributions.	9		
10. Taxable premature pension distributions. (Attach copy of Form 1099-R.)	10		
11. Rental real estate, royalties, partnerships, trusts, etc. (Attach copy of federal Schedule E.)	11		
12. Subchapter S corporation distributions. (Attach copy of federal Schedule K-1.)	12	NOT APPLICABLE	NOT TAXABLE
13. Farm income or (loss). (Attach copy of federal Schedule F.)	13		
14. Unemployment compensation.	14		NOT TAXABLE
15. Social security benefits.	15		NOT TAXABLE
16. Other income. Attach statement listing type and amount.	16		
17. Total income. Add lines 1 through 16.	17		
DEDUCTIONS See instructions. Deductions must be allocated on the same basis as related income.			
18. Individual Retirement Account deduction. (ATTACH PG. 1 OF FED RET & EVIDENCE OF PMT)	18		
19. Self Employed SEP, SIMPLE and qualified plans. (ATTACH COPY OF PG 1 OF FED RET)	19		
20. Employee business expenses. (SEE INSTRUCTIONS AND ATTACH FEDERAL 2106 OR LIST)	20		
21. Moving expenses. (Into City area only) (ATTACH FEDERAL 3903 OR LIST)	21		
22. Alimony paid. DO NOT INCLUDE CHILD SUPPORT (ATTACH COPY PAGE 1 OF FED RET)	22		
23. Renaissance Zone deduction. (ATTACH SCHEDULE RZ OF 1040)	23		
24. Total deductions. Add lines 18 through 23	24		
25. Total income after deductions. Subtract line 24 from line 17	25		
26a. Amount for exemptions. (Number of exemptions, _____ times exemption amount)	26a		
26b. Excess exemption amount. If the amount on line 26a exceeds the amount the taxable income as a resident enter unused portion	26b		
27a. Total income subject to tax as a resident. Subtract line 26a from line 25	27a		
27b. Total income subject to tax as a nonresident. Subtract line 26b from line 25	27b		
28a. Tax at resident rate. (MULTIPLY LINE 27a BY RESIDENT TAX RATE)	28a		
28b. Tax at nonresident rate. (MULTIPLY LINE 27b BY NONRESIDENT TAX RATE)	28b		
29. Total tax. Add lines 28a and 28b (ENTER HERE AND ALSO ON CF-1040, LINE 28)	29		

## PART-YEAR RESIDENT SCHEDULE OF WAGES, SALARIES, TIPS, ETC.

			Tax withheld	Total wages (W-2, box 1)	Excludible wages	Taxable wages resident	Taxable wages nonresident
EMPLOYER 1	Employers Federal ID #						
Employer's name							
Address of actual work station							
Dates of employment	From To						
Reason excludible wages not taxable							
EMPLOYER 2	Employers Federal ID #						
Employer's name							
Address of actual work station							
Dates of employment	From To						
Reason excludible wages not taxable							
EMPLOYER 3	Employers Federal ID #						
Employer's name							
Address of actual work station							
Dates of employment	From To						
Reason excludible wages not taxable							
EMPLOYER 4	Employers Federal ID #						
Employer's name							
Address of actual work station							
Dates of employment	From To						
Reason excludible wages not taxable							
EMPLOYER 5	Employers Federal ID #						
Employer's name							
Address of actual work station							
Dates of employment	From To						
Reason excludible wages not taxable							
EMPLOYER 6	Employers Federal ID #						
Employer's name							
Address of actual work station							
Dates of employment	From To						
Reason excludible wages not taxable							
Totals							

## NONRESIDENT WAGE ALLOCATION

Wages earned partially outside of city while a nonresident	Employer #	Employer #	Employer #	Employer #	Employer #
Actual number of days or hours on job while a nonresident (do not include week-ends you did not work)					
Vacation, holiday and sick days or hours while a nonresident					
Actual number of days or hours worked while a nonresident					
Actual number of days or hours worked in city while a nonresident					
Percentage of days or hours worked in city while a nonresident	%	%	%	%	%
Total allocable wages from employer while a nonresident					
Wages earned in city while a nonresident					
Excludible wages from employer while a nonresident					